

APPLICATION FORM

NORTH CHICAGO VETERANS AFFAIRS MEDICAL CENTER

Pharmacy Practice Residency

Application must be completed by the end of the first full week in January. A letter of intent, stating your career goals, major areas of interest, and reason for applying to this program must be attached to your application form along with your resume or curriculum vitae. Three completed recommendation forms and a copy of your transcripts are to be sent to the North Chicago VA Medical Center by January 15th. All application materials are to be returned to Janet Lederman, Pharm.D., BCPS, CPHQ, at Pharmacy Service (119), VA Medical Center, 3001 Green Bay Road, North Chicago, Illinois 60064.

Name _____
(Please Print – Last, First, Middle)

Please indicate which address you would like correspondence sent to you during the recruitment process:

☐ Permanent Address

☐ Temporary Address

Street Address _____

Street Address _____

Apartment Number _____

Apartment Number _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone: Daytime _____

Phone: Daytime _____

Message _____

Message _____

E-Mail Address _____

E-Mail Address _____

Social Security Number _____

State(s) Licensed to Practice _____

List of Colleges/Universities Attended:

• Name of College/University: _____
Dates _____ Degree _____

• Name of College/University: _____
Dates _____ Degree _____

• Name of College/University: _____
Dates _____ Degree _____

List of Post-Graduate Training Completed:

• Name of Institution: _____
Dates and Type of Residency _____

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Dates and Type of Residency _____